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2834

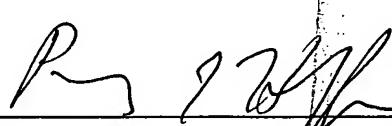
TRANSMITTAL FORM		Application Number	10/034,616
		Filing Date	December 27, 2001
		First Named Inventor	OTSU
		Art Unit	2839
		Examiner Name	Chandrika Prasad
Total Number of Pages in This Submission	1	Attorney Docket Number	200380-9019

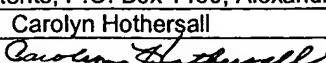
ENCLOSURES (check all that apply)	PETITION FOR EXTENSION OF TIME
<input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> Before Final <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declarations <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO-1449 Form(s) <input type="checkbox"/> Cited References <input type="checkbox"/> Certified Copy of Priority Document <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Status Letter	<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <input type="checkbox"/> Applicant(s) claims small entity status under 37 CFR 1.27. <input type="checkbox"/> Applicant(s) petitions for a one-month extension of time and pay the fee of \$110.00 (37 CFR 1.17(a)(1)-(5)). <input type="checkbox"/> Applicant(s) believes that no petition for an extension of time is necessary (37 CFR 1.36(c)); however, applicant(s) hereby petition for sufficient extension of time to render the present submission timely.

CLAIMS FEES							
<input type="checkbox"/> No additional claim fee is required.				Small Entity		Large Entity	
	Claims Remaining After Amendment	Highest Number Previously Paid For	Extra Claims Present	Rate	Addit. Claim Fee	Rate	Addit. Claim Fee
Total	7	8	=0	x 9=	\$	x 18=	\$0
Independent	1	1	=0	x 43=	\$	x 86=	\$0
<input type="checkbox"/> First Presentation of Multiple Claim				+ 145=	\$	+ 290=	\$0

ENCLOSED FEES							
<input type="checkbox"/> Additional Claim Fee <input type="checkbox"/> Extension fee for one-month <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Surcharge for Missing Parts – Declaration <input type="checkbox"/> Terminal Disclaimer							\$0 \$110.00 \$180.00 \$130.00 \$110.00
TOTAL FEES ENCLOSED \$0							

PAYMENT OF FEES							
<input type="checkbox"/> A check in the amount of \$ is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-1965. <input type="checkbox"/> The Director is authorized to charge Deposit Account Number 50-1965 in the amount of \$							

SIGNATURE OF ATTORNEY	
Perry J. Hoffman, Reg. No. 37,150 MICHAEL BEST & FRIEDRICH, LLC 401 North Michigan Avenue Suite 1900 Chicago, Illinois 60611 Telephone: (312) 222-0800 Facsimile: (312) 222-0818	 Signature Date: 12-9-03 <div style="float: right; writing-mode: vertical-rl; transform: rotate(180deg);"> RECEIVED DEC 29 2003 PATENT & TRADEMARK OFFICE 200380-9019 </div>

CERTIFICATE OF TRANSMISSION/MAILING							
I hereby certify that this correspondence is:							
<input type="checkbox"/> being facsimile transmitted to the USPTO, facsimile number <input checked="" type="checkbox"/> deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below							
Typed or printed name	Carolyn Hothersall			Date: 12-9-03			
Signature				Date: 12-9-03			
S:\client\200380\9019\C0300689.1							

BEST AVAILABLE COPY



Attorney Docket No. 200380-9019

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Appln. of OTSU et al.

Application No. 10/034,616

Filed: December 27, 2001

For: "Method Of Processing Optical Fiber
End Portion"

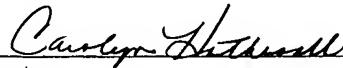
Art Unit: 2839

Examiner: Chandrika Prasad

Confirmation No. 1941

Customer No. 1131

I, Carolyn Hothersall, hereby certify that this correspondence is being deposited with the US Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date of my signature.


Signature

12-9-2003
Date of Signature

RESPONSE TO OFFICE ACTION DATED SEPTEMBER 11, 2003

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action of September 11, 2003, please amend the above identified application as follows:

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this paper.

Remarks begin on page 5 of this paper.

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